

STUDENT RECORD RELEASE

To Releasing School Counselor:

_____ Date

School Name

Phone Number

Address

Email

City

State

Zip/Postal Code

Dear Counselor:

My child (ren) has (have) been withdrawn from your school. Please release their academic and health records to the following school. Thank you.



Pueblo's Royal Christian School

1600 Pasadena Blvd.

Pasadena, TX 77502

Ph: 713-920-1308

Email: info@myprcs.org

Student Name _____ DOB _____

Student Name _____ DOB _____

Student Name _____ DOB _____

Student Name _____ DOB _____

Signature of Requesting Parent/Guardian _____

Pueblo's Royal Christian School Record Request:

Please include:

- Official transcript
- Withdrawal grades
- Last Report Card
- Key to grading system
- Immunization records
- Test Scores/Records
- Disciplinary Records

All records need to be faxed to the number listed above. Please include this form as a cover sheet.